

**General Dental Practice  
Inspection (Announced)**  
Cwm Taf University Health  
Board, Bryant Dental  
Practice

7 July 2015

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In writing:

**Communications Manager  
Healthcare Inspectorate Wales  
Welsh Government  
Rhydycar Business Park  
Merthyr Tydfil  
CF48 1UZ**

Or via

**Phone:** 0300 062 8163  
**Email:** [hiw@wales.gsi.gov.uk](mailto:hiw@wales.gsi.gov.uk)  
**Fax:** 0300 062 8387  
**Website:** [www.hiw.org.uk](http://www.hiw.org.uk)

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## 1. Introduction

Healthcare Inspectorate Wales (HIW) completed an announced inspection to Bryant Dental Practice at 17-19 High Street, Treorchy within the area served by Cwm Taf University Health Board on 7 July 2015.

During the inspection we considered and reviewed the following areas:

- Patient experience
- Delivery of Health and Care Standards
- Management and leadership
- Quality of environment.

## 2. Methodology

HIW inspections of General Dental Practices seek to establish how well practices meet the Health and Care Standards<sup>1</sup>. Any dentist working at the practice who is registered with HIW to provide private dentistry will also be subject to the provisions of the Private Dentistry (Wales) Regulations 2008<sup>2</sup> and the Private Dentistry (Wales) (Amendment) Regulations 2011<sup>3</sup>. Where appropriate we consider how the practice meets these regulations, as well as the Ionising Radiation Regulations 1999, the Ionising Radiation (Medical Exposure) Regulations 2000 and any other relevant professional standards and guidance such as the GDC Standards for the Dental Team.

During the inspection we reviewed documentation and information from a number of sources including:

- Information held by HIW
- Interviews of staff including dentists and administrative staff
- Conversations with nursing staff

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<sup>1</sup> <http://www.wales.nhs.uk/governance-emanual/how-the-health-and-care-standards-are-st>

<sup>2</sup> <http://www.legislation.gov.uk/wsi/2008/1976/contents/made>

<sup>3</sup> <http://www.legislation.gov.uk/wsi/2011/2686/contents/made>

- Examination of a sample of patient dental records
- Examination of practice policies and procedures
- Examination of equipment and premises
- Information within the practice information leaflet and website (where applicable)
- HIW patient questionnaires.

At the end of each inspection, we provide an overview of our main findings to representatives of the dental practice to ensure that they receive appropriate feedback.

Any urgent concerns that may arise from dental inspections are notified to the dental practice and to the health board via an immediate action letter. Any such findings will be detailed, along with any other recommendations made, within Appendix A of the inspection report.

Dental inspections capture a snapshot of the application of standards at the practice visited on the day of the inspection.

### 3. Context

Bryant Dental Practice provides services to patients in the Treorchy area. The practice forms part of dental services provided within the geographical area known as Cwm Taf University Health Board.

Bryant Dental Practice provides mainly NHS services, but also provides private dental services.

Bryant Dental Practice is an established training practice for dentists with the Wales Deanery (School of Postgraduate Medical and Dental Education). At the time of this inspection, one dentist at the practice was undertaking a foundation year of dental training under the guidance of the principal dentist.

The practice employs a staff team which includes six dentists, one trainee dentist, one hygienist, two receptionists, 10 nurses and one practice manager.

A range of services are provided. These include:

- General dental services
- Oral surgery and cosmetic dentistry
- Dental implants
- Orthodontics (private)
- Botox.

## 4. Summary

HIW explored how Bryant Dental Practice meets the standards of care set out in the Health and Care Standards (April 2015).

Patients told us they were satisfied with the service they received from the dental practice and that they were given enough information about their treatment. Feedback from HIW patient questionnaires was very positive. The practice had a good system for regularly gaining patient views and analysing feedback as a way of continually assessing the quality of the service provided. We recommended that the display of the complaints procedure in the waiting area should be improved so that it is easily visible to patients.

We found evidence to indicate that care and treatment was planned and delivered safely to patients. We found that all surgeries were visibly clean, tidy and well-organised. We found that the practice had suitable systems in place to help protect patients from the risk of cross-infection. However, we recommended that improvements should be made to the daily maintenance records for cleaning equipment. We also found that the method of dating instruments needed to be consistent to help ensure their use within recommended storage periods. The sample of patient records we looked at showed that notes appropriate overall, but we identified some improvements that should be made.

We saw evidence that the practice was being run efficiently and staff worked effectively together as a team. Staff we spoke to on the day of inspection said they were happy in their roles and felt supported by the principal dentist and practice manager. We also spoke to the dental foundation trainee who confirmed she was well supported by staff at the practice. We recommended that complete records on immunisation status for all clinical staff should be maintained by the practice. Updates to the complaints procedure were also needed.

We found the practice was visibly clean and well maintained to provide a safe environment for patients to receive treatment. Access to the practice is suitable for wheelchair users. We found there were suitable arrangements to ensure the security and confidentiality of electronic patient information, but we recommended that patient information stored in filing cabinets should be locked when not in use to prevent unauthorised access.

## 5. Findings

### *Patient Experience*

**Patients told us they were satisfied with the service they received from the dental practice and that they were given enough information about their treatment. Feedback from HIW patient questionnaires was very positive. The practice had a good system for regularly gaining patient views and analysing feedback as a way of continually assessing the quality of the service provided. We recommended that the display of the complaints procedure in the waiting area should be improved so that it is easily visible to patients.**

Before the inspection, the practice was asked to give out HIW questionnaires to obtain patient views of the dental services provided. Eighteen patient questionnaires were completed prior to the date of inspection. Overall, patient feedback was very positive. All patients said they were satisfied with the care and treatment they received at the practice and felt welcomed by staff. The majority of patients told us they did not experience any delay in being seen by the dentists. Those that had experienced delay said this had not been often or not for very long.

A sample of patient comments (with the permission of those who completed the HIW questionnaires) included the following:

*“Very satisfied, would highly recommend.”*

*“I have been coming here for many years and am very pleased.”*

*“I only wish to add that I am very satisfied with all aspects of this practice. Friendly, professional and always welcoming.”*

*“I’m very happy with the practice and all of the staff. As I have a very bad fear of dentistry they have been very understanding at all times. 10 out of 10 from me.”*

*“Having neglected my teeth for far too long, I reluctantly made an appointment. I was given an appointment quickly, my treatment was fast, pain free. The staff were more than helpful and supported me throughout my treatment. My fear of the dentist is much less since attending this practice.”*

The majority of patients said they knew how to access out of hours dental services. We saw a sign displayed with the emergency contact number and we confirmed there was a contact number provided on the practice's answer phone message.

All patients said they received enough information about their treatment. Staff told us treatment options were discussed with patients and we found evidence of this recorded in patient notes.

There was a flexible appointment system in place enabling appointments to be booked both in advance and on an emergency basis. On the day of inspection, we spoke to one patient who was being seen for a same day emergency appointment and we were told they had not experienced any difficulties with this.

Practice information leaflets were available in the waiting area. The practice also had health promotion information leaflets and posters available in the waiting areas, including smoking cessation, mouth cancer awareness and a range of treatment and oral health information. The practice may also want to consider how they could make information more accessible to a wider range of patients. For example, larger font/text sizes and the provision of information in other languages including Welsh. The need for this could be assessed through gaining patient feedback.

The practice had a good system for regularly seeking patients' views by giving questionnaires to patients each time they complete a medical history form. We were told that feedback from these questionnaires was analysed monthly and discussed at practice meetings. This meant the practice used patient feedback as a means of continually assessing the quality of the service provided. A suggestions box was also available in the reception area, but we noted that this would benefit from being made more visible to patients.

When asked about the complaints process, the majority of patients said they knew how to make a complaint. We saw that some information on complaints was included within a practice information notice by reception and a list of organisations for patients to contact in the event of a complaint were displayed under the reception counter. Information leaflets on the NHS complaints procedure known as Putting Things Right were also available. We noticed that these pieces of complaints information were located in different places around the reception area rather than as a central display, making it more difficult for patients to easily access all required information.

***Improvement needed***

***The practice should display the full complaints procedure and consider how this is made easily visible to patients (i.e. by including all complaints information on a central poster or display).***

## *Delivery of Health and Care Standards*

**We found evidence to indicate that care and treatment was planned and delivered safely to patients. We found that all surgeries were visibly clean, tidy and well-organised. We found that the practice had suitable systems in place to help protect patients from the risk of cross-infection. However, we recommended that improvements should be made to the daily maintenance records for cleaning equipment. We also found that the method of dating instruments needed to be consistent to help ensure their use within recommended storage periods. The sample of patient records we looked at showed that notes appropriate overall, but we identified some improvements that should be made.**

### **Clinical facilities**

We looked at the clinical facilities of all five surgeries at the practice and found these contained relevant equipment for the safety of patients and staff. All surgeries were visibly clean, tidy and well-organised. We also saw evidence that portable appliance testing (PAT) had been recently conducted to check that small electrical appliances were fit for purpose and safe to use.

### **Decontamination of instruments**

The practice had a dedicated room for the cleaning and sterilisation of dental instruments. We found that there were processes in place to reduce the risk of cross infection. The room was suitably laid out to allow instruments to be cleaned effectively. There were dedicated staff responsible for the cleaning and sterilising of all instruments at the practice.

The practice was very busy with patients each day and as a result there was a high turn over of dental instruments. We saw that some wrapped instruments in the surgeries were missing the date when they were last cleaned and an expiry date. The current system needs to be improved to ensure it is in accordance with Welsh Health Technical Memorandum<sup>4</sup> (WHTM 01-05) guidelines.

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<sup>4</sup> The Welsh Health Technical Memorandum (WHTM 01-05) document provides professionals with guidance on decontamination in primary care practices and community dental practices.

### ***Improvement needed***

***The practice should ensure that wrapped instruments include the date they were cleaned and especially for infrequently used instruments, the date of expiry.***

We saw the records which were completed evidencing the daily testing and maintenance of cleaning equipment. These checks ensure the machines are working correctly, so that instruments could be cleaned effectively. However, we noticed that these records were not completed consistently and we saw that some entries were missing the required information, such as a date and signature of the person conducting the checks. We advised the practice to conduct regular checks/audits of this information.

### ***Improvement needed***

***Records for daily testing and maintenance of cleaning equipment should be completed consistently, with all required information.***

We also found that a type of test (foil test) to check the cleaning equipment was working correctly was not used. The practice had an automated data recorder for the equipment, but it was unclear if it included this type of test. We advised the practice to speak to the manufacturer to check what regular testing was required.

There were dedicated hand washing sinks available to help with infection control and all suitable personal protective equipment was available for staff conducting decontamination. We also saw evidence that staff had completed training on decontamination/infection control.

The practice conducted audits of decontamination and had started using the tool developed by the Dental Postgraduate Section of the Wales Deanery, as recommended by the Wales specific WHTM 01-05 guidelines. We advised the practice to fully sign-up to using the audit tool and develop an improvement plan to address any issues.

### **Waste disposal**

Evidence we saw indicated that waste was handled, stored and disposed of appropriately at the practice. We saw documents to confirm that there was a current waste disposal contract in place.

### **Radiographic (x-ray) equipment**

We found evidence that suitable arrangements were in place for the safe use of radiographic (x-ray) equipment. Relevant documentation, including safety checks, maintenance and testing were available. We saw evidence that the dentists had conducted appropriate training on radiation protection/ionising radiation. The training certificate was not available for one dentist on the day of inspection, however there was other evidence which indicated that this had been completed and we were also sent a copy of the training certificate following the inspection. We saw that the radiation protection file, which includes details about the x-ray equipment and procedures for staff to follow, contained all relevant information. We also saw that x-ray audits had been conducted to help ensure the quality of the images taken.

### **Medical emergency equipment and medication**

Staff had access to resuscitation equipment and medication in the event of a patient emergency (collapse) at the practice. There were flow charts for medical emergencies included in each surgery to advise staff of the procedure to follow. We saw evidence that staff had received up-to-date training conducted at the practice on how to deal with medical emergencies and there were appointed first aiders.

We found all emergency medication was in date. We were told that the practice staff regularly check the emergency drug expiry dates and note the dates in a calendar when new drugs are needed. However, we recommended that the practice improve their system for ensuring that all resuscitation equipment and medication is safe to use by recording and increasing the frequency (should be weekly) of these checks in accordance with UK Resuscitation Council Guidelines. We also saw that the pads for the defibrillator were due to expire in August 2015 and we advised the practice to include expiry dates for all appropriate equipment to their checklist.

### ***Improvement needed***

***The practice should improve the system for ensuring that all resuscitation equipment and medication is safe to use by recording and increasing the frequency of the checks conducted.***

### **Patient records**

We looked in detail at a total of thirty three patient records across all six dentists. Overall, we found the record keeping was appropriate, but in the sample we looked at we identified that the following improvements could be made:

- Basic Periodontal Examination (BPE), a type of examination of tissues in the mouth, was recorded inconsistently and recorded in different places on the computer system depending on the dentist making the notes
- Information or advice regarding smoking cessation and oral cancer screening was not always recorded. It is good practice to record discussions with patients including any information and advice provided regarding their health
- We also found instances where some details of the anaesthetic given to a patient, such as batch numbers, were not recorded as part of good record keeping

We were told the practice used a system whereby the dentist countersigned medical history forms as a way of ensuring and documenting that this was being checked and discussed with the patient. However, we found that the medical history forms were not always signed by the patient and countersigned by the dentist and we advised that practice to ensure this was done consistently.

***Improvement needed***

***Considering the omissions we found in the sample we looked at, improvements should be made to patient records, specifically by recording the following:***

- ***Consistent recording of BPE***
- ***Information/advice regarding smoking cessation and oral cancer screening***
- ***Details of anaesthetics given***
- ***Consistent method of checking medical histories.***

## *Management and Leadership*

**We saw evidence that the practice was being run efficiently and staff worked effectively together as a team. Staff we spoke to on the day of inspection said they were happy in their roles and felt supported by the principal dentist and practice manager. We also spoke to the dental foundation trainee who confirmed she was well supported by staff at the practice. We recommended that complete records on immunisation status for all clinical staff should be maintained by the practice. Updates to the complaints procedure were also needed.**

Bryant Dental Practice is independently owned by the principal dentist. The day-to-day management is the responsibility of the principal dentist along with the practice manager. There was a very low staff turnover, as staff had been at the practice for many years. We saw evidence that the practice was being run efficiently and staff worked effectively together as a team. Staff we spoke to on the day of inspection said they were happy in their roles and felt supported by the principal dentist and practice manager. We also spoke to the dental foundation trainee who said she was very grateful for all the help and support she had received from the principal dentist and other staff at the practice.

We found the practice had a range of relevant policies, procedures and maintenance certificates in place. We were told that the practice manager aimed to review the policies each year, but we noticed that there were not version dates and review dates on the policies to indicate they were the latest versions. We saw that a staff signature page had been developed and the practice manager told us they intended to ask all staff members to sign each policy to ensure they had read and understood the contents. Although this had not yet been implemented, we were assured that staff had been made aware of policies, through discussions in team meetings/communications and through induction training. We advised the practice to include version and review dates on all policies and procedures so that it is clear that they are the latest versions.

Staff meetings were conducted approximately every four to six weeks. The practice also used an online messaging system to communicate information between all members of staff at the practice. We saw this as a good system for ensuring that information reached all staff members in between meetings, including part-time staff. We saw examples of recent meeting notes which included a brief description of the topics discussed and actions. We advised the practice to provide more detailed meeting minutes, so that clear records of discussion could be reviewed at a later date. We were told that staff were encouraged to raise any concerns during these meetings, but staff also told us

they would feel comfortable in raising concerns with the principal dentist or practice manager at any time.

We looked at a sample of two records which indicated that staff had annual appraisals. Appraisals are important to ensure the competency of staff and to identify any training needs. We found the principal dentist did not have an appraisal or formal personal development plan.

***Improvement needed***

***All staff working at the practice, including the principal dentist, should have appraisals.***

We looked at the clinical governance arrangements in place at the practice. We saw evidence that the practice conducted various audits which had been documented. The principal dentist said they had also conducted a peer review audit of clinical records with other dentists in the area. The practice had not conducted the maturity matrix dentistry<sup>5</sup> (a type of self-assessment audit), but the principal dentist said they were considering using this tool. This meant that the practice had clinical governance arrangements in place to help ensure the quality and safety of the care provided.

We looked at a sample of staff information at the practice. We confirmed that all clinical staff were registered with the General Dental Council and the sample of certificates we saw showed staff had indemnity insurance.

In accordance with the private dentistry regulations, the dentists providing private treatment were registered with HIW and their registration certificates were displayed within the practice. Two dentists had not yet received their certificates and two other dentists needed new certificates with updated address details of HIW. Arrangements were made for this on the day of inspection.

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<sup>5</sup> The Maturity Matrix Dentistry (MMD) is a practice development tool for the dental team through the Dental Postgraduate Section of the Wales Deanery. The MMD self-evaluation tool allows the dental team to focus on how they work and think about the quality of care provided in key areas or dimensions. <http://www.walesdeanery.org/index.php/en/practice-quality-improvement-programme/maturity-matrix-dentistry.html>

We saw examples of two personal continuing professional development (CPD training) files completed by staff at the practice, which showed that staff had access to training opportunities relevant to their role. We were told that the practice actively encouraged staff to go on training courses. Core training, such as child protection and resuscitation training was conducted in-house.

At the time of our inspection, not all dentists working at the practice had a Disclosure and Barring Service (DBS) certificate dated within the last three years in line with the regulations for private dentistry. We were told that the principal dentist was currently in the process of updating their certificate and another dentist had a certificate through another practice, but this was not available on the day of inspection. We discussed this with the practice who agreed to ensure that the dental staff update their DBS check in order to comply with current regulations. DBS checks had not been completed for the nurses as they had been at the practice for many years. It is not mandatory for practice staff to have DBS checks; however, there is a requirement that the employing dentist undertakes checks to ensure the suitability of staff for employment. The practice was advised to conduct DBS checks for any new members of staff.

We looked at the arrangements for the recording of accidents and incidents. We noticed that completed accident records were not removed from the accident book and stored securely in order to protect the confidentiality of staff and patient information.

### ***Improvement needed***

***Completed accident records should be stored securely and separately to the accident book to ensure that staff and patient confidentiality is maintained.***

Arrangements for occupational health support were in place through the local health board. We looked at a range of staff vaccination records which showed that most clinical staff had received appropriate vaccinations to protect them against blood-borne viruses. Not all vaccination records were available on the day of inspection and the vaccination records for some staff members were unclear regarding their immunity status against hepatitis B. One record we saw indicated that a booster vaccination dose was over due. We discussed with the practice manager the need to ensure that immunity records were clear and maintained for all clinical staff, so that the practice could be assured that staff had received the appropriate protection.

***Improvement needed***

***All clinical staff must have all necessary vaccinations and follow guidance relating to blood-borne viruses.***

***Complete records on immunisation status for all clinical staff should be maintained by the practice.***

We found there were suitable arrangements in place for recording and responding to concerns (complaints). The practice also had a summary sheet of the complaints received which detailed the nature of the complaint and dates actions were taken. We saw that all complaint correspondence was kept together in a paper file and this was organised clearly. Verbal and informal complaints were not recorded at the practice and we advised the practice to capture this information so that any emerging themes could be identified.

We found the complaints process generally complied with arrangements in the NHS patient complaints procedure known as Putting Things Right and gave a list of relevant organisations for patients to contact in the event they had a complaint. However, we noticed the timescales for acknowledging and responding to a complaint needed to be updated in line with Putting Things Right and the Private Dentistry Regulations. We also advised the practice to include the details of the Community Health Council who could provide advocacy support for patients if this was required. The practice should consider providing a clearer distinction of organisations for patients to contact depending on whether they were receiving private or NHS treatment.

***Improvement needed***

***The complaints procedure should be updated so that the timescales for acknowledging and responding to a complaint comply with both the NHS Putting Things Right arrangements and the Private Dentistry Regulations.***

***The contact details for the Community Health Council should be included on the complaints procedure.***

## *Quality of Environment*

**We found the practice was visibly clean and well maintained to provide a safe environment for patients to receive treatment. Access to the practice is suitable for wheelchair users. We found there were suitable arrangements to ensure the security and confidentiality of electronic patient information, but we recommended that patient information stored in filing cabinets should be locked when not in use to prevent unauthorised access.**

The practice is located in the town centre of Treorchy. The practice has five surgeries, two on the ground floor and three on the first floor. The practice does not have dedicated car parking, but public car parking is available near to the practice.

Access to the practice is suitable for wheelchair users as the front door is level with the footpath outside. Doorframes had been widened to allow easy access for wheelchair users. There is no lift to the first floor, but wheelchair users can be seen in the ground floor surgeries.

A tour of the building confirmed the practice was visibly well maintained. The practice was clean and tidy throughout. The waiting and reception areas were large and a suitable size for the number of surgeries.

The practice had one large accessible patient toilet and one unisex patient/staff toilet on the ground floor. Both toilets were visibly clean and had suitable hand washing facilities for infection control. We noticed that the adjustable handrail in the accessible patient toilet was loose and needed to be tightened to ensure it was safe for use.

### ***Improvement needed***

***The handrail in the accessible patient toilet should be made safe for use.***

There was a sign with the practice opening hours and emergency contact number. The names and qualifications of staff members were displayed in the window of the practice. General Dental Council registration numbers and certificates were displayed in the waiting room. Price lists were displayed in the reception area and waiting area, but we noticed that a private price list was missing. Staff explained that private treatments were discussed with the dentist and treatment prices provided. However, we advised that a private price with approximate costs of treatment should be visible to patients so that they do not have to ask for this information.

***Improvement needed***

***Display private price list (with approximate costs if this is appropriate) so that it is visible to patients.***

The fire exits were signposted and maintenance records indicated that fire extinguishers had been appropriately inspected. We did not look in detail at the other arrangements for fire protection and prevention during this inspection. However, the practice is responsible for ensuring there are suitable fire protection systems in place in accordance with legislation<sup>6</sup> and arrangements for the regular servicing and testing of these items to help ensure the safety of staff and patients in the event of a fire.

Electronic patient records were backed-up daily onto an off-site server. Other patient information, including paper medical history forms and treatment plans were kept in filing cabinets behind the reception desk. In speaking to staff, we found that these cabinets were not routinely locked at the end of the day and we saw that the top draw of one cabinet had been removed as it was broken. We discussed the need to ensure the security of this information and staff located keys for the cabinets on the day of inspection and agreed to order a new filing cabinet.

***Improvement needed***

***The security of patient information, including all paper records, must be ensured by locking the filing cabinets where this information is stored, when not in use.***

***The broken filing cabinet storing patient information should be replaced, so that it can be locked.***

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<sup>6</sup> The Regulatory Reform (Fire Safety) Order 2005 provides legislation relating to fire safety in non-domestic premises.

## 6. Next Steps

This inspection has resulted in the need for the dental practice to complete an improvement plan in respect of improvements identified in this report. The details of this can be seen within Appendix A of this report.

The improvement plan should clearly state when and how the findings identified at Bryant Dental Practice will be addressed, including timescales.

The improvement plan, once agreed, will be published on HIW's website and will be evaluated as part of the ongoing dental inspection process.

## Appendix A

**General Dental Practice: Improvement Plan**

**Practice: Bryant Dental Practice**

**Date of Inspection: 7 July 2015**

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
<b>Patient Experience</b>				
8	The practice should display the full complaints procedure and consider how this is made easily visible to patients (i.e. by including all complaints information on a central poster or display). [General Dental Council Standards 5.1.5]	The complaints procedure poster has been moved to a more prominent area in both waiting rooms	Deb James	completed
<b>Delivery of Health and Care Standards</b>				
10	The practice should ensure that wrapped instruments include the date they were cleaned and especially for infrequently used instruments, the date of expiry. [WHTM 01-05 paragraph 1.24]	Staff notified. Date stamps have been ordered. New systems have been implemented, including a checklist that staff are now asked sign. The practice manager will conduct checks regularly to ensure this is being done.	Rob Bryant	1/9/15

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
10	<p>Records for daily testing and maintenance of cleaning equipment should be completed consistently, with all required information.</p> <p>[WHTM 01-05 paragraph 4.16-4.19]</p>	<p>Staff notified about the importance of completing records.</p> <p>The practice manager will regularly audit the logbooks to ensure this is completed consistently.</p>	Deb James	completed
11	<p>The practice should improve the system for ensuring that all resuscitation equipment and medication is safe to use by recording and increasing the frequency of the checks conducted.</p> <p>[General Dental Council Standards 1.5.3]</p>	<p>Relevant staff member informed, new procedures in place</p> <p>To discuss in practice meeting</p>	Rob Bryant	completed
12	<p>Considering the omissions we found in the sample we looked at, improvements should be made to patient records, specifically by recording the following:</p> <ul style="list-style-type: none"> <li>• Consistent recording of BPE</li> <li>• Information/advice regarding smoking cessation and oral cancer screening</li> <li>• Details of anaesthetics given</li> <li>• Consistent method of checking</li> </ul>	<p>In discussion with the clinical staff we have decided on one location within the notes for our BPE recording, to ensure consistency. We will now carry out more frequent in house audits to provide data on our note keeping on the remaining issues</p> <p>We have also discussed the medical history records to ensure both patient and clinician sign/countersign, this will also be audited</p>	Rob Bryant	Monthly audits begin in September

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	<p>medical histories.</p> <p>[Health and Care Standards 3.5; General Dental Council Standards 4]</p>			
<b>Management and Leadership</b>				
14	<p>All staff working at the practice, including the principal dentist, should have appraisals.</p> <p>[Health and Care Standards 7.1; General Dental Council Standards 6.6.1]</p>	<p>360 degree appraisals are being developed.</p> <p>To discuss with 3<sup>rd</sup> parties- BDA/LHB etc</p>	Rob Bryant/Deb James	Next appraisals due 1/10/15
15	<p>Completed accident records should be stored securely and separately to the accident book to ensure that staff and patient confidentiality is maintained.</p> <p>[Health and Care Standards 3.5; Data Protection Act 1998]</p>	Completed accident records are now stored securely and separately to the accident book	Deb James	Completed
16	<p>All clinical staff must have all necessary vaccinations and follow guidance relating to blood-borne viruses.</p> <p>Complete records on immunisation status for all clinical staff should be maintained by the practice.</p> <p>[General Dental Council Standards 1.5.2]</p>	All relevant staff to attend Dewi Sant hospital to review vaccination levels	Rob Bryant/Deb James	Throughout September
16	The complaints procedure should be updated	The complaints procedure have been updated	Deb James	Completed

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	<p>so that the timescales for acknowledging and responding to a complaint comply with both the NHS Putting Things Right arrangements and the Private Dentistry Regulations.</p> <p>The contact details for the Community Health Council should be included on the complaints procedure.</p> <p>Private Dentistry (Amendment) Regulations 2011 section 15(4a); General Dental Council Standards 5.1.3; NHS Putting Things Right]</p>			
<b>Quality of Environment</b>				
17	<p>The handrail in the accessible patient toilet should be made safe for use.</p> <p>[Health and Care Standards 2.1]</p>	<p>The handrail in the patient toilet has been made safe for use</p>	<p>Deb James</p>	<p>Completed</p>
18	<p>Display private price list (with approximate costs if this is appropriate) so that it is visible to patients.</p> <p>[General Dental Council Standards 2.4]</p>	<p>To discuss with clinical staff once all become available following annual leave. All private patients are made aware of options and costs and are provided with relevant quotes/costs</p>	<p>Rob Bryant</p>	<p>September</p>
18	<p>The security of patient information, including all paper records, must be ensured by locking the filing cabinets where this information is stored, when not in use.</p>	<p>A new filing cabinet has been ordered and all remaining cabinets are now locked when not in use</p>	<p>Deb James</p>	<p>Completed</p>

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	<p>The broken filing cabinet storing patient information should be replaced, so that it can be locked.</p> <p>[Health and Care Standards 4.2; General Dental Council standards 4.1 -4.2]</p>			

**Practice Representative:**

**Name (print):** ..Robert Bryant.....

**Title:** ..Practice owner.....

**Date:** ..17<sup>th</sup> August 2015.....